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10 October 2018

Marlene Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Re: Federal Communications Commission (FCC) [WC Docket No. 18-213; FCC 18-213] Promoting Telehealth for Low-Income Consumers

Dear Secretary Dortch,

Selfhelp Community Services, Inc. (Selfhelp), which serves over 20,000 older adults (senior citizens) at 28 locations in New York City and Long Island (Nassau County), appreciates this opportunity to provide comments to the Federal Communications Commission's (FCC) notice of inquiry on the proposed "Connected Care Pilot Program."

Specifically, we would like to focus our remarks on the importance of broadband-enabled telehealth services for low-income senior citizens and outline our project entitled "Selfhelp Fusions of Care: Telehealth and In-Home Technology to Integrate Clinical and Social Services and Pioneer the Future of Home Care." In doing so, we strongly urge the FCC to consider funding pilot programs that study telehealth service options for the growing population of low income older adults in the United States.¹

Seniors, Poverty, and Health

In 2016, there were 49.3 million people age 65 and older living in the U.S. As measured by the federal Supplemental Poverty Measure, 7.1 million older adults lived below 100 percent of the federal poverty level (14.5 percent of all older adults) and 13.7 million lived between 100 and 199 percent of the federal poverty level (27.9 percent). Women in particular were subject to falling into poverty because of widowhood, leaving jobs to care for children or other family members, and declining health. In 2016, 4.4 million older women and 2.8 million older men lived in poverty and the poverty rate was also higher for Blacks, Hispanics, and those in poor health.²



Justice in Aging, an organization “fighting senior poverty through law,” projects that:

- By 2020, homelessness among older Americans will increase 33 percent
- By 2025, after the youngest Baby Boomers reach age 60, the number of food-insecure people will increase by 50 percent.
- By 2030, about 72 million older Americans will be living in poverty.
- By 2050, homelessness among older Americans will increase by 100 percent.³

Senior poverty is expensive for the health care system. In fact, the elderly receive more medical attention than any other U.S. demographic. Senior citizens made up 13 percent of the U.S. population but accounted for 34 percent of healthcare-related spending in 2010, a report from the U.S. Centers for Medicare and Medicaid Services shows. Medicare spending alone totaled \$618.7 billion in 2014.⁴

In particular, the population of “dual eligibles,” whose age and income qualify them for both Medicare and Medicaid, is also likely to have high needs for health care. Nationally, dual eligibles have a greater rate of multiple chronic conditions (e.g. congestive heart failure, pulmonary disease, stroke and diabetes) than do other Medicare beneficiaries. These needs can and do lead to greater spending.

Poor physical and emotional health are also associated with loneliness and social isolation, an all too common condition among seniors. A noted expert on the subject of loneliness, Robert Putnam, explains it simply in his book, *Bowling Alone*: “As a rough rule of thumb, if you belong to no groups but decide to join one, you cut your risk of dying over the next year in half. If you smoke and belong to no groups, it’s a toss-up statistically whether you should stop smoking or start joining.”⁵

Social Determinants of Health

Research also shows that poverty, food insecurity, unstable housing, social isolation, low health literacy, and mental health problems (collectively known as the social determinants of health) contribute to higher rates of chronic illness, poorer health and outcomes, higher utilization of the health care system, and greater costs. There is a compelling fiscal case for better alignment of health and social service programs which have historically been siloed. Interventions in housing, income support, nutrition, care coordination, socialization, and community outreach have shown positive health outcomes or spending reductions.⁶

Selfhelp’s Fusion of Care Model

Selfhelp, which has been providing services to low-income older adults for 82 years, has been developing a telehealth solution known as the Fusion of Care Model that uses a technological social platform to address the social determinant of health of isolation, and adds a clinical

component to the social platform to reduce ER admissions, hospitalizations, and collectively, improve health and quality of life of low-income seniors. Fusion of Care breaks down traditional care siloes using technology, remote patient monitoring and other telehealth solutions to bring providers and plans together to improve patient outcomes.

The project leverages an existing social platform, Selfhelp's Virtual Senior Center (VSC), developed in partnership with Microsoft Corporation and various New York City government agencies, which provides a virtual social experience for low-income homebound seniors through a touch screen interface that is offered in five different languages. The VSC is currently designed to reduce social isolation. It features chat functionality, and 35-45 classes per week on a wide range of topics including health literacy, chronic disease self-management, exercise, yoga, meditation, museum tours, contemporary history, and recreational programming.

Selfhelp recently entered into an agreement with the Veterans Health Administration (VHA) to provide Virtual Senior Center connectivity to older veterans at the Audie L. Murphy VA Hospital in San Antonio, Texas. This marks an important step in our efforts to develop a nationwide Fusion of Care capability. The project will be evaluated by an external researcher. The Fusions of Care project is a logical extension of the VHA's past research; as mentioned in the FCC Notice of Inquiry, "the VHA conducted a three-year remote patient monitoring program involving more than 43,000 veterans with conditions including hypertension, congestive heart failure, chronic obstructive pulmonary disease, depression, and PTSD. The program resulted in a 25 percent reduction in days of inpatient care and a 19 percent reduction in hospital admissions."

Through Fusions of Care, Selfhelp will make several modifications to the VSC so it can address both social and clinical determinants of health and become a vital care management tool for low-income patients and healthcare providers. The expanded platform will include one-click video chat for a patient to access a member of their care team. The project will use bio-feedback devices, including blood pressure cuffs, blood oxygen saturation meters, glucose monitors, and other monitors to provide data that can be used to track health status, perform predictive analytics to avoid an exacerbation of participants' chronic conditions and therefore prevent the need for acute care services; and use a real-time dashboard so care coordinators, social workers and nurses can respond to individuals who require interventions. Selfhelp also has the capacity to provide skilled home care services that prevent avoidable ER visits and (re-) hospitalizations.

The new telehealth functionality will direct educational information to participants with specific diagnoses, and ask specific questions related to the status of their disease state (i.e. whether they are symptomatic) to trigger early warnings that will allow Selfhelp to intervene with preventive care to avoid exacerbations of their health conditions. A critical purpose of Fusion of Care is to demonstrate that the project not only increases quality of life and improves health for low-income seniors, but is well worth the investment as it will yield substantial quality improvements and cost savings.

Fusion of Care Project Outcome Goals

The project is designed to achieve specific, measurable outcomes for low-income seniors including:

1. Reduced avoidable emergency room visits	7. Reduced avoidable hospital admissions
2. Reduced nursing home stays	8. Increased interventions at lower acuity of care: Increased primary care physician visits, use of urgent care settings vs. the emergency room, reduce total cost of utilization
3. Improved patient satisfaction: reduce risk profile	9. Improved patient activation measure (PAM)
4. Improved overall wellness: increased health literacy	10. Improved care delivery: Proactive responses to clinical alerts; clinical interventions based on real-time & historic data; care coordination utilizing an interdisciplinary approach (Inter-Professional Team, IPT)
5. Enhanced social experience: Creates and reinforces social connections; positive impact on the quality of senior living; reduces incidence of anxiety and depression due to social isolation	11. Optimize resource utilization and reduce overall cost of care: reduce home care utilization through improved care coordination; reduce nursing home stays; promote patient self-management
6. Improve quality ratings: Positive impact on Social Determinants of Health.	

Conclusion

We agree with the Commission's proposal (page 13, paragraph 39) that low-income patient subscribers should be Medicaid recipients, and urge the Commission to create pilots that focus on seniors who are eligible for both Medicaid and Medicare (dual-eligibles), and who do not yet subscribe to broadband service, or are only intermittently subscribed (page 13, paragraph 40). To that end, we suggest that the pilot programs support equipment necessary for the effective use of the broadband service by older adults including easy-to-use end-user devices specifically designed for the elderly and disabled (page 15, paragraphs 46 & 47), similar to the one Selfhelp developed for the Virtual Senior Center.

We applaud and support the Commission's Connected Care Pilot Program and recommend that the FCC respond to the growing needs of low-income seniors by funding one or more pilot programs for older Americans.

Sincerely,



Stuart C. Kaplan
Chief Executive Officer

References

¹ A description of Selfhelp services is attached to this letter.

² Kaiser Family Foundation. *Analysis of Current Population Survey, 2017 Annual Social and Economic Supplement*. Accessed 10-2-2018 at <https://www.kff.org/medicare/issue-brief/how-many-seniors-are-living-in-poverty-national-and-state-estimates-under-the-official-and-supplemental-poverty-measures-in-2016>.

³ Cited in *Aging Conference Reveals Poverty's Impact on Older Adults*, AARP. Accessed at Aging Conference Reveals Poverty's Impact on Older Adults.

⁴ Leatherby, L. *Medical spending among the U.S. elderly*. Journalist's Resource. Harvard Kennedy School. Accessed 10-2-2018 at <https://journalistsresource.org/studies/government/health-care/elderly-medical-spending-medicare>.

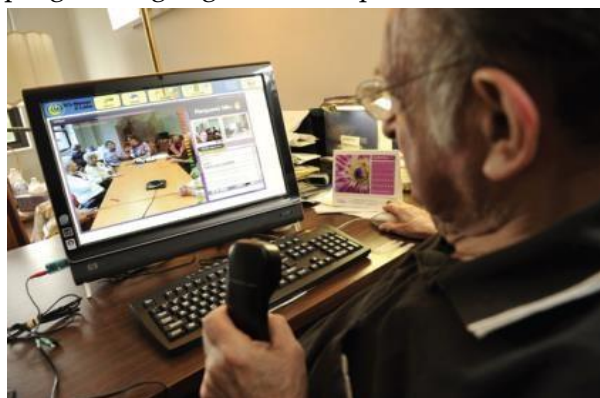
⁵ Putnam, Robert D., *Bowling Alone: The Collapse and Revival of American Community*. Simon & Schuster, New York, 2000.

⁶ Osborn, R., et al. op. cit.



About Selfhelp Community Services, Inc.

Each year Selfhelp serves more than 20,000 older New Yorkers, through its 46 programs located throughout New York City and Nassau County, helping them to live with dignity and avoid institutional care. Our trauma-informed services for the larger community of older adults have been uniquely developed from our historical work with Holocaust survivors. Among our program highlights, Selfhelp:



- **Operates the oldest and largest program serving Holocaust survivors in North America**, providing comprehensive services to over 4,500 low-income elderly and frail individuals.
- **Owns and operates eleven affordable housing units in Queens, Brooklyn, the Bronx, and Long Island**, that house over 1,500 low and moderate income residents in attractive, functional apartments with supportive services as needed. New buildings are currently being developed in Brooklyn, Nassau and Suffolk Counties, two with designs by internationally renowned architect Daniel Libeskind.
- **Manages five city-funded Senior Centers**, including one of the first to be designated by the City of New York as an Innovative Senior Center. Selfhelp also offers an **Alzheimer's Social Day Program** to care for those coping with Alzheimer's and related disorders.
- **Trains and employs 1,800 home health care workers** who provide approximately 2 million hours of service each year to the elderly, infirm, and families at risk.
- **Offers comprehensive services for seniors living in four Naturally Occurring Retirement Communities (NORCS)** in Queens, and one in Nassau County.
- **Serves as legal guardian for hundreds of individuals in need** through three Court-Appointed Guardianship Programs.
- **Is a leader in providing groundbreaking Aging Services Technology**, enriching the lives of elders living independently through telehealth monitoring and Selfhelp's internationally acclaimed Virtual Senior Center.
- **Operates NY Connects program in Queens** – New York City's point of entry for information and referral into long-term services and support systems for older adults and people of all ages with disabilities.